

~~CONFIDENTIAL~~

Top Hat Plan Exemption
 Pension & Welfare Benefits Administration
 Room N-5644
 United States Department of Labor
 200 Constitution Avenue, NW
 Washington, D.C. 20210

MAR - 3 2009

Re: Statement under DOL Reg. §2520.104-23

Ladies/Gentlemen:

This is to declare the undersigned has established a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. This is the only such plan maintained by the undersigned and there are currently 1 employees participating in this plan.

The Employer Identification Number & address of the undersigned are as follows:

EIN: 39-1181480
 Address: 400 South Townline Road
PO Box 14040
Wautoma WI 54982

Upon request, the undersigned will provide the plan document as required by Section 104(a) (1) of ERISA.

Sincerely,

Family Health / La Clinica
 Print Employer Name

By: Steve Pellegrini
 Signature

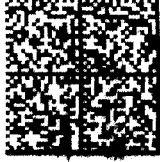
Title Financial Officer

Dated: 1-28-09

WHA

FINANCIAL Solutions

WHA Financial Solutions, Inc.
PO Box 259038, Madison, WI 53725-9038



RITNEY BOWES

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FEB 05 2009

MAILED FROM ZIP CODE 53711

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